



**Elizabeth Glaser  
Pediatric AIDS  
Foundation**

# PREVENTION OF MOTHER- TO-CHILD TRANSMISSION

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Four hundred children are infected with HIV every day. More than 90% of these children are infected when HIV is transmitted from their HIV-positive mothers during pregnancy, delivery, or breastfeeding.

Elizabeth Glaser unknowingly transmitted HIV to her two children during pregnancy and breastfeeding. More than 29 years ago, she inspired a movement that has led to the near elimination of pediatric AIDS in the United States and Europe. Today, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) continues to work toward elimination of pediatric AIDS by expanding prevention of mother-to-child transmission of HIV (PMTCT) programs in countries hardest hit by the epidemic.

Working hand-in-hand with governments, local organizations, and over 5,000 health facilities in supported countries, EGPAF strives to ensure all women have access to PMTCT services. We also work to identify HIV-infected babies early and place them immediately into care and treatment programs, giving all children an opportunity to live long, healthy lives. Through our PMTCT programs, EGPAF has averted HIV infection in nearly 350,000 infants. We ensure every woman in our program successfully navigates through this continuum of health services:



## **Family Planning and HIV Counseling Services for All Women**

EGPAF is actively working in 19 countries

Our programs ensure that all women have access to family planning education and commodities. We inform women about their reproductive rights, and we strive to empower them to make healthy family planning decisions. For those women who are HIV-positive and wish to have children, our programs provide counseling through steps that virtually eliminate the risk of infecting their children with HIV.



## **Testing**

Over 27 million women have reached PMTCT services, including HIV testing, identification and linkage to prophylaxis and treatment through EGPAF programs

For women who are already pregnant, HIV counseling and testing is the first and most critical step in reducing mother-to-child transmission. By knowing her HIV status, an expectant mother can be certain she receives essential treatment that will protect her health and the health of her baby.



## **Prenatal Treatment**

Through our global programs, more than 1.8 million women received antiretroviral therapy (ART) to prevent mother-to-child HIV transmission

Globally, 77% of pregnant women living with HIV have access to ART. ART, when taken throughout pregnancy, delivery and breastfeeding, can reduce the risk of HIV transmission to an infant to less than 5%. Women who test HIV-positive during their prenatal visits at EGPAF-supported sites are immediately linked to lifelong ART and counseled on benefits of enrollment and retention on ART.



## **Safe Childbirth**

EGPAF encourages and supports safe birthing practices in supported countries

Safe childbirth is an important consideration for all expectant mothers and is particularly critical for HIV-positive women. Yet many women in the settings in which we work lack access to health facilities, particularly facilities with obstetric emergency services. Through our programs, EGPAF expands greater access to adequate health facilities to provide a safe place for women to give birth through supportive policy development, expansion of these services to smaller, less specialized clinics, and mobile health initiatives.



## **Postnatal Care**

EGPAF currently supports access to HIV treatment among one million HIV-positive individuals, including over 70,000 children

EGPAF works within maternity and child wellness clinics throughout our supported countries to offer a variety of integrated postnatal care services. We work hand-in-hand with supported antenatal care clinics to promote safe infant feeding practices in and outside the context of HIV. Because more than half of HIV-positive children are at risk of death by their second birthdays, EGPAF prioritizes early identification of HIV and care and treatment among HIV-positive children. We work with child health clinics in many supported countries to offer early and repeat HIV testing and access to treatment in addition to routine child wellness services including immunization, nutrition and growth monitoring.



Sweeta and Sarthak with their son, Sartha. (Photo: Ann Summa/EGPAF,2012)

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### EGPAF PMTCT Programming in Action

Sweeta and her husband, Sarthak, represent the success story that makes the long hours and heavy caseloads of PMTCT health workers all worthwhile: both are HIV-positive, while their only son, Sartha, is HIV-negative.

Sweeta's first husband was HIV-positive, but he did not disclose his status before they were married. Shortly after their wedding, he became sick and died. After his death, Sweeta tested positive for HIV.

Sweeta met her future husband, Sarthak, through a network of HIV-positive adults. Sarthak had made the decision never to marry because he did not want to transmit the virus—but their relationship blossomed, and they soon decided to become husband and wife. Sweeta wanted to have a baby, but Sarthak was hesitant. "Why do you want to become pregnant?" Sarthak asked. "Maybe the baby will get infected." Sweeta understood his reluctance, but she was willing to try because she knew that the risk of their child becoming infected was low as long as she followed the protocols of the PMTCT program.

Throughout her pregnancy, Sweeta never missed a dose of antiretroviral medication and came to the clinic for follow-up appointments every month. When she began feeling the baby move inside her, Sweeta felt optimistic. She delivered Sartha without complications and decided to breastfeed him, continuing to follow the protocols of her PMTCT regimen. At six months and again at 18 months, the baby tested negative for HIV—to the great joy of Sarthak and Sweeta.

"We are very happy, because we have a family and our baby is HIV-negative," says Sweeta. "All the struggles we faced in our lives, our baby will never face."

Does the baby's name, Sartha, mean anything?

"Fulfillment," they reply in unison.